

CITY OF CANFIELD INCOME TAX RETURN

104 LISBON ST., CANFIELD OH 44406-1416
Phone: 330-533-1101 Fax: 330-533-2668

Tax Office Use

Amount Cash Ck# Date

Please Note: All Canfield Residents who are subject to the tax imposed by Canfield Ordinance 184.091 must file a return whether or not a tax is due, including retired residents.

DUE ON OR BEFORE APRIL 17, 2018

**Make Checks Payable to: City of Canfield Income Tax
104 Lisbon St. Canfield, OH 44406-1416**

CALENDAR YEAR **2017** OR FISCAL YEAR _____

Taxpayer's SSN	
Spouse's SSN	
Federal ID #	
Telephone No.	

MOVE IN OR OUT (circle)	DATE:
Forwarding Address:	

**ATTACH LEGIBLE COPY OF FEDERAL 1040, 1040A, 1040EZ, W-2, 1099 MISC and/or APPLICABLE SCHEDULES
ALL MUST BE SUBMITTED FOR A COMPLETE RETURN TO AVOID PENALTY AND INTEREST**

Taxpayer	Spouse	I am not required to complete this Tax Return because: (check appropriate box). Sign and Remit in Envelope Provided.
<input type="checkbox"/>	<input type="checkbox"/>	Retired -with only non-taxable income. Date retired _____
<input type="checkbox"/>	<input type="checkbox"/>	Only income was from a non-taxable source. List source _____
<input type="checkbox"/>	<input type="checkbox"/>	Under age 18. Birthdate _____ (Birth certificate required for refund)
<input type="checkbox"/>	<input type="checkbox"/>	Moved from Canfield prior to 01/01/2017. List Date of Move _____
<input type="checkbox"/>	<input type="checkbox"/>	Active Duty Military Until Date _____
<input type="checkbox"/>	<input type="checkbox"/>	Taxpayer deceased. Date _____

W-2 TABLE (Attach additional sheet if necessary)

Date Wages Were Earned (Month/Day)		Employer/Work Location	Column 1a W-2 Gross Wages (Box 5 or Box 18 of W-2 whichever is greater)	Column 1b Withheld for CANFIELD (Box 19 of W-2)	Column 1c Withheld for Other Munis/JEDDs (Box 19 of W-2)
From	To				
/	/				
/	/				
/	/				
COLUMN TOTALS			(1a)	(1b)	

Please attach all W-2's

1a. Total W-2 gross wages from Column 1a of W-2 table above (attach all W-2's).	1a. _____
1b. Reduction to wages (Part Year, Days outside Muni., Under 18, Military Pay).	1b. _____
1. Adjusted W-2 wages. Subtract Line 1b from Line 1a.	1. _____
2. Adjusted Business/Rental Income. (Total Schedules A, B, and C from back)	2. _____
3. Total Taxable Income (Add Line 1 and 2)	3. _____
4. CANFIELD tax due before credits (multiply Line 3 by 1.00%).	4. _____
5a. Taxes withheld and paid to CANFIELD (Column 1b of W-2 Table).	5a. _____
5b. Taxes paid to OTHER MUNICIPALITIES or JEDDs (IF Column 1c has amount, 1a times .05%).	5b. _____
5c. Prior Year Credits Carried Forward.	5c. _____
5d. Estimated taxes paid to CANFIELD prior to December 31, 2017.	5d. _____
5e. Estimated taxes paid to CANFIELD after January 1, 2018.	5e. _____
5. Total Credits (Add Lines 5a, 5b, 5c, 5d, and 5e).	5. _____
6. Overpayment - If Line 5 is greater than Line 4, and not less than \$10.00, enter overpayment.	6. _____
7. Enter the amount to apply to 2018 Estimated Payment (enter amount on Line 17).	7. _____
8. Amount of refund - subtract Line 7 from Line 6. Proceed to Line 10.	8. _____
9. Tax Due - if Line 4 is greater than Line 5, and not less than \$10.00, enter tax due.	9. _____
10. Penalty: Late File Penalty (\$25.00 per month up to \$150.00) Late Payment Penalty (15%)	10. _____
11. Interest calculated on Federal Short-term rate	11. _____

DECLARATION FOR 2018 (Pay 90% of tax owed or equal to prior year tax liability by Jan. 31 for individuals, Dec. 15 for others.)

11. Estimated income for 2018.	11. _____
12. Estimated tax liability (multiply Line 11 by 1.00%).	12. _____
13. Estimated taxes withheld by CANFIELD.	13. _____
14. Estimated taxes withheld by other municipalities or JEDDs limited to 0.5%	14. _____
15. 2018 net estimated taxes (subtract Lines 13 & 14 from Line 12).	15. _____
16. 1st Quarter Estimated Taxes Due (multiply Line 15 by 25%).	16. _____
17. Credit for 2017 overpayment from Line 7.	17. _____
18. Estimate Due - subtract Line 17 from Line 16. If less than zero, enter \$0.00.	18. _____
19. Total Amount Due (Add Lines 9, 10, 11, and 18).	19. _____

The undersigned declares that this return and accompanying schedules is true, correct and a complete return for the taxable period stated and that the figures used here are the same as used for Federal Income Tax purposes.

☐ Check box if we may discuss this return with your preparer
Preparer's phone: _____

Signature of Taxpayer _____ Date _____

Signature of Person Preparing if Other Than Taxpayer _____ Date _____

Signature of Spouse (if Filing Jointly) _____ Date _____

SCHEDULE A - PROFIT (OR LOSS) FROM A BUSINESS OR PROFESSION*Attach Copy of Federal Schedules C and E or Federal Return 1065, 1120, 1120s*

1. Net Profit (or Loss) from a Business or Profession (Schedule C, Federal Return 1040) 1. _____
2. Add Items Not Deductible (Schedule X below) 2. _____
3. Deduct Items Not Taxable (Schedule X below) 3. _____
4. Sub-total (Add Lines 1 and 2, subtract Line 3) 4. _____
5. Amount allocable to Canfield (Schedule Y, Step 5) is used _____ % of Line 4 5. _____
6. Net Profit (or Loss) from a Supplemental Income (Schedule E, Federal Return 1040) 6. _____
7. Net Profit subject to Canfield Income Tax 7. _____
8. Total (Line 5 plus Line 7) 8. _____

SCHEDULE B (If using standard deduction on page 2 of 1040, **STOP, 2106 expenses are not allowed)***Attach Form 1040, pages 1 & 2, Schedule A and Form 2106*

1. Unreimbursed employee expenses - Federal Form 2106 1. _____
2. 2% of Adjusted Gross Income from Schedule A as filed with Form 1040 2. _____
3. Allowable 2106 Deduction (Subtract Line 2 from Line 1) 3. _____

SCHEDULE C - OTHER INCOME NOT INCLUDED IN SCHEDULES A OR B*Income from Partnerships, Estates & Trusts, Tips & Gratuities, Bonuses, Royalties, Incentives, Prizes, Lottery Winnings, Awards, Fees, Etc.**Attach Copy of Federal Schedules F*

Received From	Description	Amount
	Farm Income: Federal Return Form 1040, Schedule F	
	Federal Return Form 1040, Line 21	
	TOTAL	

TOTAL SCHEDULES A, B, AND C - ENTER ON PAGE 1, LINE 2 (NOT LESS THAN ZERO)**SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN****ITEMS NOT DEDUCTIBLE - ADD**

- a. Capital Losses _____
 - b. Interest and/or Other Expense Incurred in the Production of Non-tangible Income _____
 - c. All Income Taxes Paid _____
 - d. Five Percent (5%) of Intangible Income Reported on Lines h, i, & j _____
 - e. Payments to Partners or Compensation of Officers, Sub Chapter S Corp. _____
 - f. Net operating loss carry-forward from Federal Return _____
- Total Additions - Enter on Schedule A, Line 2 above* _____

ITEMS NOT TAXABLE - DEDUCT

- g. Capital Gains (Excluding Ordinary Gain from 4797) _____
 - h. Interest Earned or Accrued _____
 - i. Dividends Received _____
 - j. Income from Patents and Copyrights _____
 - k. Other (provide explanation) _____
- Total Deductions - Enter on Schedule A, Line 3 above* _____

SCHEDULE Y - BUSINESS APPORTIONMENT FORMULA

	A. Located in Everywhere	B. Located Canfield	C. Percentage (B / A)
Step 1. Original Cost of Real & Tangible Personal Property			
Gross Annual Rentals Multiplied by 9			
Total Step 1			
Step 2. Gross Receipts from Sales and/or Work or Services Performed			
Step 3. Wages, Salaries, Etc. Paid			
Step 4. Total Percentage			
Step 5. Average percentage (Step 4 divided number of percents) - Carry average percentage to Schedule A, Line 5 above)			

SCHEDULE Z - PARTNERS' DISTRIBUTIVE SHARES OF NET INCOME

1. Name and Address of Each Partner	2. Distributive Shares of Partners	3. Other Payments	4. Taxable Percentage	5. Amount Taxable
	Percentage	Amount		
6. TOTALS	100%			